

Final Project Report

Collaborative Project between Salford (The Mark Holland Metabolic Unit) Enzyme Replacement Therapy (ERT) Infusion Service and Sanofi to improve the patient pathway and experience

OUTCOMES ACHIEVED AND SUCCESSES:	The overall aim of the project was to: • To evaluate the current ERT infusion service • To identify areas of inefficiencies • To assess its future needs. The objectives of the project were: • Analyse capacity issues within their infusion suite and access options • Measure delays in patient discharge out to Homecare. • Forecast future increase demands on the service. • Review staffing levels • Create options appraisal to identify potential areas requiring transformation. A summary of the key outcomes from the project are shown below. <table border="1" data-bbox="491 981 1385 2002"> <thead> <tr> <th colspan="2">Pathway Mapping and Analysis</th></tr> </thead> <tbody> <tr> <td>Comprehensive Pathway Mapping and Analysis.</td><td>A detailed mapping of the ERT pathway identified key issues and challenges including capacity constraints, homecare transition barriers, inconsistent restart patient definitions, prescribing/pharmacy inefficiencies, and administrative repetition. This analysis provided the foundation for targeted service improvements</td></tr> <tr> <td>Wait time Analysis</td><td>Waiting Time analysis revealed that patients waited an average of 139 days (approximately 20 weeks) to commence ERT treatment. 32% of patients experienced extended waiting periods of 6 months or more. This analysis highlighted the need for process improvements to reduce waiting times, particularly for Switch patients who faced the longest average wait of 35 weeks.</td></tr> <tr> <td>ERT Helpline analysis</td><td>Analysis of the ERT Helpline data revealed that 39% of calls were from patients seeking clinical advice, with 48% of all calls requiring escalation to clinicians. The project identified opportunities to improve the helpline's efficiency, as only 2% of enquiries were resolved during the initial call, indicating a need for better triaging and resolution processes.</td></tr> <tr> <td>Patient centred improvement</td><td>A comprehensive patient survey with 49 respondents revealed that while 68.8% of patients strongly agreed that staff were courteous and professional, there were concerns about lack of in-person consultations and communication issues. The survey identified that 64% of patients preferred</td></tr> </tbody> </table>	Pathway Mapping and Analysis		Comprehensive Pathway Mapping and Analysis.	A detailed mapping of the ERT pathway identified key issues and challenges including capacity constraints, homecare transition barriers, inconsistent restart patient definitions, prescribing/pharmacy inefficiencies, and administrative repetition. This analysis provided the foundation for targeted service improvements	Wait time Analysis	Waiting Time analysis revealed that patients waited an average of 139 days (approximately 20 weeks) to commence ERT treatment. 32% of patients experienced extended waiting periods of 6 months or more. This analysis highlighted the need for process improvements to reduce waiting times, particularly for Switch patients who faced the longest average wait of 35 weeks.	ERT Helpline analysis	Analysis of the ERT Helpline data revealed that 39% of calls were from patients seeking clinical advice, with 48% of all calls requiring escalation to clinicians. The project identified opportunities to improve the helpline's efficiency, as only 2% of enquiries were resolved during the initial call, indicating a need for better triaging and resolution processes.	Patient centred improvement	A comprehensive patient survey with 49 respondents revealed that while 68.8% of patients strongly agreed that staff were courteous and professional, there were concerns about lack of in-person consultations and communication issues. The survey identified that 64% of patients preferred
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		email communication, providing valuable insights for service redesign
	Staff Workflow Optimisation	A staff survey was conducted which indicated an average satisfaction rating of 5.6 out of 10 for the patient infusion process, highlighting challenges in medication management, scheduling, resource allocation, and interdepartmental communication. - An analysis of current versus recommended nurse time allocation, identifying potential cost savings of £12,073 annually through reducing the number of tasks undertaken by nurses and usage of pharmacy and administration tasks to undertake appropriate tasks. Current annual nursing cost: £45,191 - Recommended staffing model could reduce cost to: £33,118 - Potential cost saving: £12,073
	Sustainable Service Transformation Plan	The project developed comprehensive recommendations including process streamlining, policy updates, medication ordering improvements, risk assessment standardisation, capacity allocation optimisation, and educational material development. These recommendations provide a clear roadmap for ongoing service improvement.
TIMESCALES:		Project commenced in May 2024 Project completed in February 2025
SERVICE IMPACT OF THE PROJECT:	Recommendations A report on the outcomes of the pathway review and recommendations for improving the pathway was presented to the Department Team meeting. This included the following recommendations: - Work to improve interdepartmental communication - Standardise care for restart patients - Regularly update ERT policy - Develop desensitisation protocols for severe reactions - Medication Management - Standardise preparation process - Enhance ordering and dispensing procedures - Improve coordination with pharmacy department - Risk Assessment Review - Standardise risk assessments for all patient types - Explore use of DrDoctor for patient communication - Capacity Optimisation - Review patient allocation within infusion suite - Explore opportunities to increase drug preparation capacity	

	• Establish dedicated ERT infusion capacity • Scheduling & Resource Allocation • Provide ward staff access to booking systems • Move scheduling to an electronic platform (planned for 2025) • Develop and distribute improved materials for all stakeholders • Recognise nursing team's commitment to service excellence • Helpline Optimisation • Improve utilisation and triaging of enquiries A number of service changes have been implemented as a result of the project. The key outcomes achieved were: <table border="1" data-bbox="491 658 1420 1675"> <tr> <td data-bbox="491 658 956 813">Risk Assessments</td><td data-bbox="956 658 1420 813">No longer required if documented. This has freed up Nurse Capacity and reduced unnecessary hospital appointments for patients.</td></tr> <tr> <td data-bbox="491 813 956 1122">Pre-meds: Ordering of medicines for infusion</td><td data-bbox="956 813 1420 1122">SOP introduced based on project findings and new process set up in pharmacy for medication ordering system to ensure that the medicines are ordered in a timely manner by a designated member of staff. This has reduced the number of patients not receiving an infusion due to the medicines not being available.</td></tr> <tr> <td data-bbox="491 1122 956 1339">Homecare</td><td data-bbox="956 1122 1420 1339">There was a delay in patients transitioning onto homecare. Homecare is now funded by Sanofi; therefore, patients are transitioning after 2-4 infusions from the ERT service.</td></tr> <tr> <td data-bbox="491 1339 956 1520">Prescribing delays</td><td data-bbox="956 1339 1420 1520">Delays in prescribing have been reduced through Doctors and Consultants taking responsibility as initiated by Clinical Lead for the service.</td></tr> <tr> <td data-bbox="491 1520 956 1675">Weekly checks</td><td data-bbox="956 1520 1420 1675">Pharmacy Assistant is undertaking weekly checks which has led to less ordering errors to ensure that the infusion goes ahead.</td></tr> </table>	Risk Assessments	No longer required if documented. This has freed up Nurse Capacity and reduced unnecessary hospital appointments for patients.	Pre-meds: Ordering of medicines for infusion	SOP introduced based on project findings and new process set up in pharmacy for medication ordering system to ensure that the medicines are ordered in a timely manner by a designated member of staff. This has reduced the number of patients not receiving an infusion due to the medicines not being available.	Homecare	There was a delay in patients transitioning onto homecare. Homecare is now funded by Sanofi; therefore, patients are transitioning after 2-4 infusions from the ERT service.	Prescribing delays	Delays in prescribing have been reduced through Doctors and Consultants taking responsibility as initiated by Clinical Lead for the service.	Weekly checks	Pharmacy Assistant is undertaking weekly checks which has led to less ordering errors to ensure that the infusion goes ahead.
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RESOURCES REQUIRED AND SOURCES:	The resources utilised in the project were as planned at the outset. The total cost of the project was: £6,966. This was split into NHS and Sanofi contribution as follows: Sanofi - £2,940 indirect costs NHS Financials- £4026 of indirect costs										
STAKEHOLDER OPINION AND SUPPORT											

AND PATIENT VIEWS IF APPLICABLE:	<i>The collaboration with the Sanofi team was marked by strong organisation and effective engagement with the metabolic team. Sanofi coordinated all meetings, produced comprehensive reports, and facilitated staff involvement. This structured approach was particularly valuable given the nursing team's limited capacity to dedicate time to the project.</i> <i>The project uncovered inefficiencies within the ERT pathway and explored opportunities for improvement. It also identified additional specialties for potential review and highlighted tasks currently performed by qualified nurses that could be delegated to other staff members to optimise resource allocation. An action plan was developed based on the final report. The metabolic team has since reviewed the prescription process and implemented changes that are already improving efficiency. Furthermore, communication with the inpatient pharmacy team has been strengthened, and a designated pharmacy technician now supports inpatient treatments—enhancing the overall workflow.</i> <i>Regular meetings were held with the Sanofi team via Microsoft Teams to monitor progress and share updates. Consistent communication was also maintained through email, ensuring alignment and timely exchange of information throughout the project.</i> <i>Importantly, the nursing team found the collaboration to be a valuable learning experience. It provided insight into how pharmaceutical partnerships can support pathway improvements. As a result, the team would consider participating in future projects with pharma, recognising the potential for continued enhancements to the ERT pathway.</i> Janet Gorton, Highly Specialist Metabolic Nurse, Northern Care Alliance
EVALUATION AND AUDIT: WHAT RESULTS DID THE PROJECT ACHIEVED	The project has delivered the following benefits to Patients, NHS and Sanofi: Patients • Reducing delays to patients starting treatment • Provide a better patient experience. NHS: • Evaluation of current metabolic Service to provide a baseline for areas requiring future transformation. • Completion of workforce review Sanofi • Increased capacity and higher throughput within the centre enabling a larger number of qualifying patients to access medicines, including those made by Sanofi, in line with local and national guidance. • Improved corporate reputation by supporting the NHS provider to improve the quality of care for patients.